

Run Date: 01/03/2017

AZ DEPARTMENT OF WATER RESOURCES
WELL REGISTRY REPORT - WELLS55

Location	C	9.0	19.0	24	C	B	0	Well Reg.No	55 - 579908	Cancelled	AMA	NOT WITHIN ANY AMA OR INA
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Registered Name DON CASE
PO BOX 1027

File Type NEW WELLS (INTENTS OR APPLICATIONS)
Application/Issue Date 03/01/2000

WELLTON AZ 85356

Owner OWNER
Driller No. 0
Driller Name
Driller Phone
County YUMA
Parcel No. 204-28-008
Intended Capacity GPM 0.00

Well Type EXEMPT
SubBasin WELLTON-MOHAWK
Watershed LOWER GILA RIVER
Registered Water Uses DOMESTIC
Registered Well Uses WATER PRODUCTION
Discharge Method NO DISCHARGE METHOD LISTED
Power NO POWER CODE LISTED

Well Depth	0.00	Case Diam	0.00	Tested Cap	0.00
Pump Cap.	0.00	Case Depth	0.00	CRT	
Draw Down	0.00	Water Level	0.00	Log	
		Acres Irrig	0.00	Finish	NO CASING CODE LISTED

Contamination Site: NO - NOT IN ANY REMEDIAL ACTION SITE

Tribe: Not in a tribal zone

Comments

Current Action

6/16/2000 871 NOI AUTHORIZATION DENIED
Action Comment: jt

Action History

3/16/2016 880 CHANGE IN REMEDIAL ACTION SITE CODE
Action Comment: OLD WQARF code: null

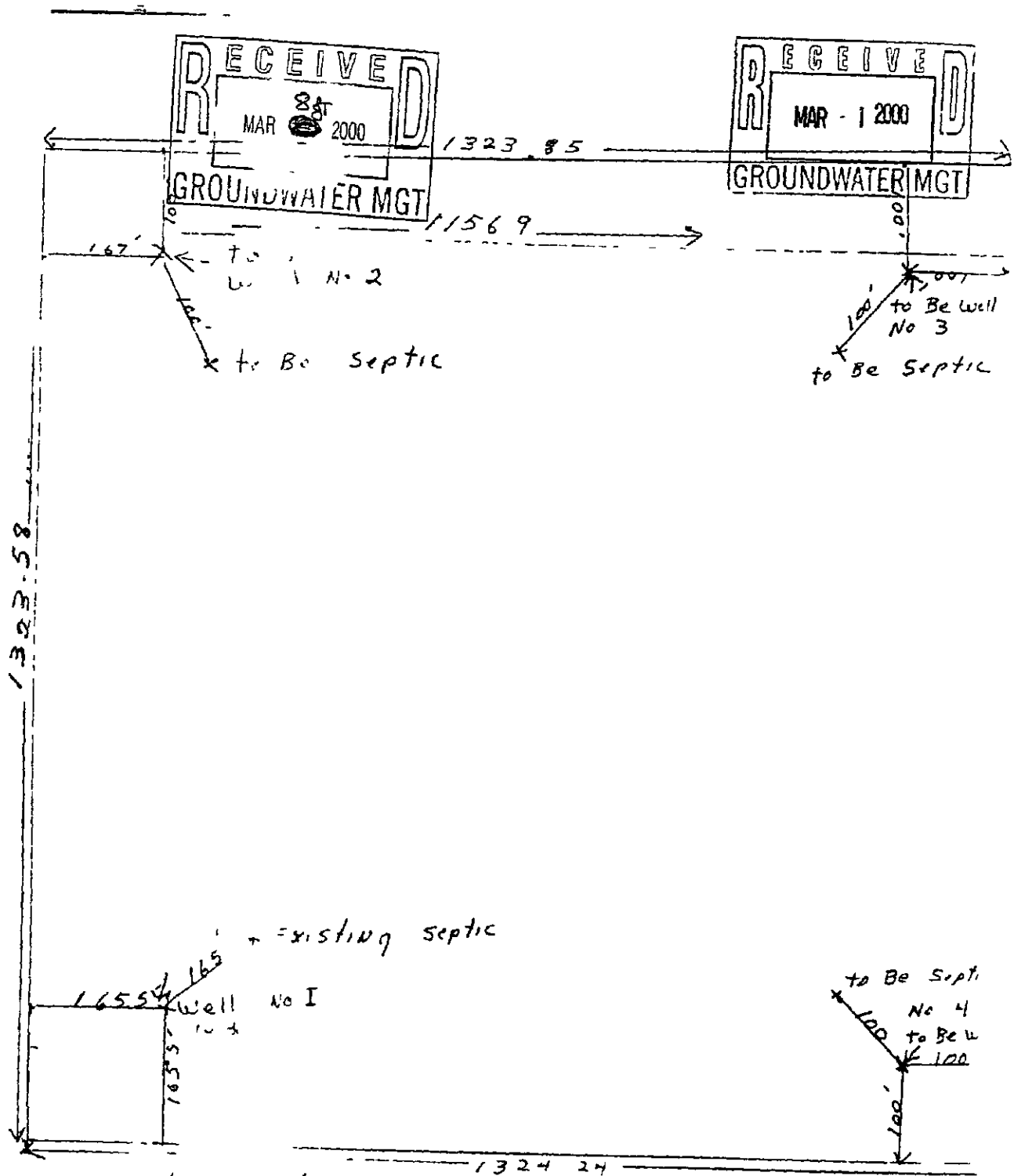
6/11/2000 871 NOI AUTHORIZATION DENIED
Action Comment: jt; F & 10 need 10ac quarter, #3, #4, #14, unauthorized signature, see Alan Dulaney letter

3/13/2000 201 NOI SENDBACK TO APPLICANT - 2ND
Action Comment: jt; F & 10 need 10ac quarter, #3, #4, #14, unauthorized signature, see Alan Dulaney letter

3/8/2000 205 NOI SENDBACK RECEIVED
Action Comment: rd SENDBACK FOR ORIGINAL FORM, ITEMS F & 10, 3, 4, 14

3/6/2000 200 NOI SENDBACK TO APPLICANT
Action Comment: rd SENDBACK FOR ORIGINAL FORM, ITEMS F & 10, 3, 4, 14

3/1/2000 150 NOI RECEIVED FOR A NEW PRODUCTION WELL
Action Comment: GM SENDBACK FOR ORIGINAL FORM, ITEMS F & 10, 3, 4, 14

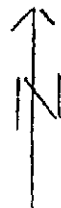


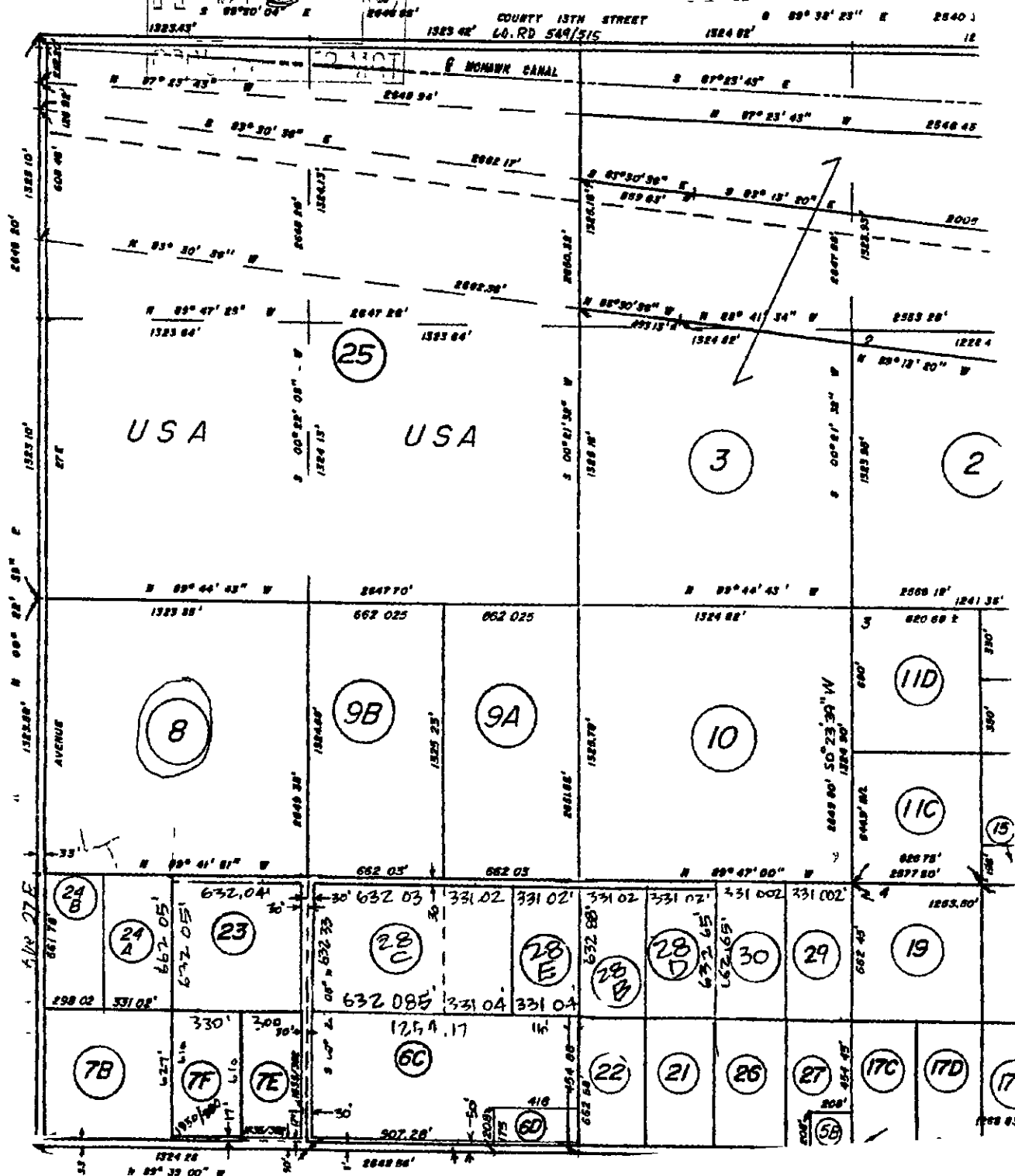
SCALE 1" = 165.5

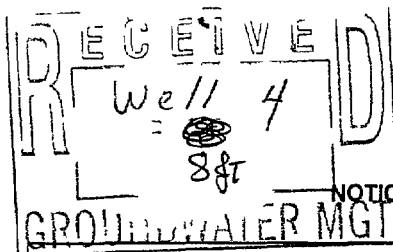
NW 1/4 SW 1/4 Sec 24 T 95 R 14W

Parcel 2-4-008 2

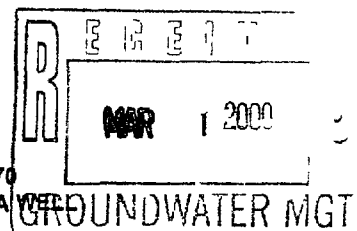
Book 24 Map 28







ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER MANAGEMENT SUPPORT SECTION
MAIL TO P O BOX 458, PHOENIX, ARIZONA 85001-0458
FOR MORE INFORMATION CALL MONICA ORTIZ (602)417-2470
NOTICE OF INTENTION TO DRILL, DEEPEN, REPLACE OR MODIFY A WELL



PLEASE COMPLETE ALL ITEMS IN THE BOX BELOW DOWN TO COUNTY OR LOCAL AUTHORITY ENDORSEMENT IF ANY WATER FROM THE PROPOSED WELL (LISTED BELOW) WILL BE USED FOR DOMESTIC PURPOSES ON A PARCEL OF LAND 20 OR FEWER ACRES THE APPLICABLE COUNTY OR LOCAL HEALTH AUTHORITY MUST ENDORSE ALL ITEMS IN THE BOX BEFORE SUBMISSION TO THE DEPARTMENT OF WATER RESOURCES ITEMS C, D, E, AND F MAY BE AVAILABLE FROM YOUR COUNTY ASSESSOR'S OFFICE

A Don Case P.O. Box 1027 Wellton AZ 85356
LANDOWNER'S NAME CURRENT MAILING ADDRESS CITY STATE ZIP
B TELEPHONE NO 977-775 0001 COUNTY ASSESSOR'S PARCEL ID INFORMATION
C WELL LOCATED IN Yuma COUNTY D 204 28 14-20428-0082 E 40 OFFICIAL
BOOK MAP PARCEL # OF ACRES SEAL OR
WELL/LAND LOCATION (MUST BE COMPLETED AS REQUESTED) STAMP
F 1/4 NW 1/4 SW 1/4 OF SECTION 24 TOWNSHIP 9 N 1/2 RANGE 19 W
10AC 40AC 160AC COUNTY OR LOCAL AUTHORITY ENDORSEMENT
CHECK ONE
G RECOMMEND APPROVAL _____ INSUFFICIENT INFORMATION TO MAKE DETERMINATION _____ VARIANCE REQUIRED _____ (EXPLANATION ATTACHED)
H DATE _____ AUTHORIZED SIGNATURE _____ TITLE _____

1 OWNER OF WELL
NAME Don Case
P.O. Box 1027
CURRENT MAILING ADDRESS
Wellton AZ 85356
CITY STATE ZIP

TELEPHONE NUMBER 977-775-0001

2 ACTION REQUESTED
DRILL NEW WELL ☒ DEEPEN _____
MODIFY _____ REPLACE _____

WELL REGISTRATION NO 55- _____

FOR A REPLACEMENT WELL PROVIDE
MAX CAPACITY OF THE ORIGINAL WELL
_____ GALLONS PER MINUTE

DISTANCE FROM THE ORIGINAL WELL
_____ FEET

3 CONSTRUCTION WILL START ABOUT
MONTH _____ YEAR 1

4 TYPE OF CASING FOR PROPOSED WELL
SURFACE CASING Not Known
DIAMETER _____ DEPTH _____

DOWNHOLE CASING Not Known
DIAMETER _____ DEPTH _____

5 DESIGN PUMP CAPACITY
20 GALLONS PER MINUTE

6 LESSEE OF LAND OF WELLSITE
NAME _____
CURRENT MAILING ADDRESS _____
CITY STATE ZIP

TELEPHONE _____

7 PRINCIPLE USE OF WATER (BE SPECIFIC)
Domestic

8 OTHER USES OF WATER (BE SPECIFIC)

9 IF USE INCLUDES IRRIGATION STATE TO
NEAREST TENTH, THE NUMBER OF ACRES TO
BE IRRIGATED _____

* FOR DEPARTMENT USE ONLY
REGISTRATION NO 55- 578908
DATE FILED _____
FILE NO C(9-19)24 CB
AMA/INA _____
W/S 08 S/B 47
PROCESSED BY _____
DATE MAILED _____
ms

10 PLACE OF USE (LEGAL DESCRIPTION OF LAND)
1/4 NW 1/4 S 1/4 SECTION 24
10AC 40AC 160AC
TWN SHP 9 N 1/2 RNG 19 W

11 TYPE OF WELL (CHECK ONE)
EXEMPT ☒ NON EXEMPT _____

12 CHECK ONE
RESIDENTIAL ☒ COMMERCIAL _____

13 IS THE PROPOSED WELLSITE WITHIN 100
FEET OF A SEPTIC TANK SYSTEM SEWER
DISPOSAL AREA, LANDFILL HAZARDOUS
MATERIALS OR PETROLEUM STORAGE
AREAS AND TANKS?
YES _____ NO ☒

14 DRILLING FIRM
NAME Not Known

MAILING ADDRESS _____
CITY STATE ZIP

TELEPHONE NO _____

DWR LICENSE NUMBER _____

ROC LICENSE CATEGORY _____

I STATE THAT THIS NOTICE IS FILED IN COMPLIANCE WITH A.R.S. § 45 596 IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE LIMITATIONS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM

DON CASE Don Case John T. Higginson PCA 2-29-00
15 TYPE OR PRINT NAME AND TITLE 16 SIGNATURE OF LANDOWNER/LESSEE OF WELLSITE 17 DATE

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street, Phoenix Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



June 16 2000

DON CASE
PO BOX 1027
WELLTON AZ 85356

*Records,
Please
file in
579908
C(9-19)24 CB THX*

Re Denial of Notice of Intention to Drill Well Number 55-579905 579906 579907 579908

Dear APPLICANT

The Department of Water Resources notified you by letter on MARCH 13 2000 that your application to drill Well Number 55-579905 579906 579907 and 579908 was incomplete Pursuant to Arizona Revised Statutes (A R S) § 41 1074(B) a list of the specific deficiencies preventing your application from being complete was provided to you in that letter The completeness review time frame was suspended by the MARCH 13 2000 incomplete letter, and you were given sixty (60) days within which to provide the requested information Our records indicate that you did not do so

Therefore pursuant to Arizona Administrative Code R12-15-401, the Department hereby denies your application

The Departments decision to deny your application is an appealable agency action In order to appeal this decision you must request an appeal within thirty (30) days from receipt of this letter A summary of the appeals process and appeal form is enclosed should you wish to pursue this option

Alternatively, you may submit a new Notice of Intention for authority to drill at this particular location To expedite the process please include the information missing in your original Notice of Intention to Drill

Should you have any questions please contact the Department of Water Resources at (602) 417-2470

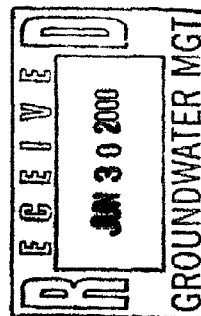
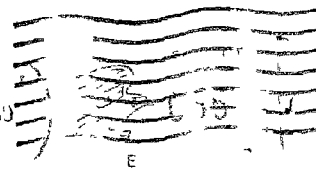
Sincerely,

Jeannie Thomas

Jeannie Thomas
Water Resource Technician

Arizona Department of Water Resources
500 North 3rd Street
Phoenix Arizona 85004

PAID
Unitem
Amount
In
Per
Receipt
De



ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street, Phoenix, Arizona 85004

Telephone (602) 417-2470

Fax (602) 417-2422



June 16, 2000

DON CASE
PO BOX 1027
WELLTON AZ 85356

Re Denial of Notice of Intention to Drill Well Number 55-579905, 579906, 579907, 579908

Dear APPLICANT

The Department of Water Resources notified you by letter on MARCH 13, 2000 that your application to drill Well Number 55-579905 579906, 579907 and 579908 was incomplete Pursuant to Arizona Revised Statutes (A R S) § 41-1074(B), a list of the specific deficiencies preventing your application from being complete was provided to you in that letter The completeness review time frame was suspended by the MARCH 13, 2000 incomplete letter, and you were given sixty (60) days within which to provide the requested information Our records indicate that you did not do so

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Alternatively, you may submit a new Notice of Intention for authority to drill at this particular location To expedite the process, please include the information missing in your original Notice of Intention to Drill

Should you have any questions, please contact the Department of Water Resources at (602) 417-2470

Sincerely,

Jeannie Thomas
Water Resource Technician

ARIZONA DEPARTMENT OF WATER RESOURCES

Groundwater Management Support Section

500 North Third Street, Phoenix, Arizona 85004

Telephone (602) 417-2470

Fax (602) 417-2422



March 9, 2000

JANE DEE HULL
Governor

RITA P PEARSON
Director

Don Case
P O Box 1027
Wellton, AZ 85356

RE. Well Registration # 55-579905	Well File # C(9-19) 24 CB
Well Registration # 55-579906	Well File # C(9-19) 24 CB
Well Registration # 55-579907	Well File # C(9-19) 24 CB
Well Registration # 55-579908	Well File # C(9-19) 24 CB

Dear Mr Case

Your application to drill the above referenced wells was received on March 1, 2000, and was found to be missing the quarter sections in the legal description for the location of the well information, items F and 10. Please identify the ten acre quarter of the forty acre quarter of the 160 acre quarter-section on which each well will be drilled, and fill out items F and 10 on your applications. I have enclosed a description of how to break down a section into quarters, then further into quarter-quarter sections, and finally into quarter-quarter-quarter sections, and hopefully this will help. If you still have difficulty identifying the various quarters, contact your driller for assistance. The parcel number is also incorrectly stated, and refer to the book-map-parcel number convention employed by all county assessors in Arizona, and thus should appear as 208-28-008.

Also, you have not provided the required information for the start of well construction for each well (item 3), nor have you provided the required information on the construction of each proposed well (item 4). Item 8 needs to be completed if additional uses are planned. You must complete these sections for each application before we can proceed with evaluating your applications. Each application must be on an original and current form. I am enclosing application forms for your convenience.

Additionally, you have not provided any information on the licensed driller who will be constructing the wells. This information is required. Drillers must be licensed by our

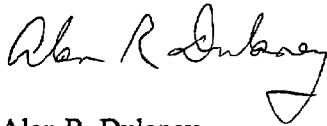
Department and by the Registrar of Contractors, with both license numbers provided to us. We cannot send the well card to the driller if we do not know who the driller is.

Additionally, your applications appear to be signed by "John T. Higgason" who claims power of attorney in this matter. You must furnish to us evidence that such power of attorney exists in this matter. The signature of the landowner or lessee of the well sites is required by statute.

In accordance with A.R.S. § 45-596 D, this application is being returned to you as a "statement of determination," requesting information necessary to make it complete and correct. If the necessary information is not received by the Department within sixty (60) days, the application may be denied. You would then have to re-initiate the Notice of Intent to Drill process to receive a drilling authority for this location.

If you have any questions, please call the Groundwater Management Support Section at 602-417-2470. Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alan R. Dulaney". The signature is written in dark ink and is positioned above the printed name.

Alan R. Dulaney

attachments

Send back
need original
#F&10-10ac1/4
#3, #4, #14

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street, Phoenix, Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



March 13, 2000

JANE DEE HULL
Governor

RITA P. PEARSON
Director

DON CASE
PO BOX 1027
WELLTON AZ 85356

Assigned Referenced Number 55-579905, 579906, 579907, 579908

**PLEASE RETURN
ALL PAPERS**

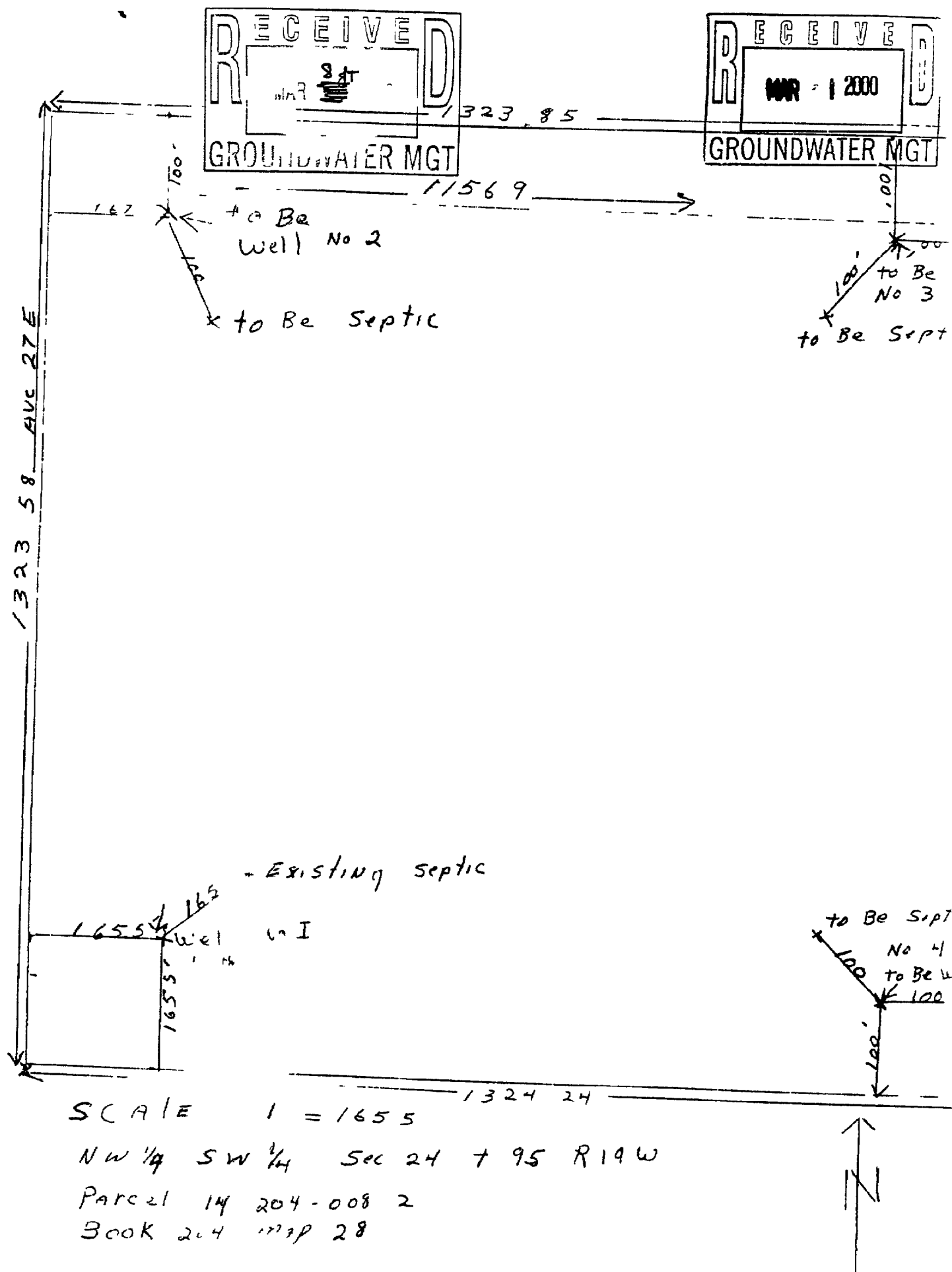
Dear Applicant

The Department of Water Resources recently received your Notice of Intent to **Drill, Deepen, Replace, or Modify A Well**. However, our review indicates that the filing(s) is incomplete under the Groundwater Management Act for the following reason(s)

- | | | | |
|-------------------------------------|-------|--|-------|
| (A) Landowner Info Incomplete | _____ | (6) Lessee Info Incomplete | _____ |
| (C) County not Given | _____ | (7) Primary Water Use Not Given | _____ |
| (D) Book, Map, Parcel Incorrect | _____ | (8) Other Water Uses Not Given | _____ |
| (E) Number of Acres Not Given | _____ | 10/15 (9) Place of Use Incomplete (refer to "F") | ✓ |
| (F) Legal Description Incomplete | ✓ | (10) Type of Well (check one) | _____ |
| ✓ Incomplete Quarter Sections* | _____ | (11) Select One (define "other") | _____ |
| _____ Incomplete/Incorrect Section | _____ | (12) Select "Yes" or "No" | _____ |
| _____ Incomplete/Incorrect Township | _____ | 14/15 (13) Incomplete Driller Information | ✓ |
| _____ Incomplete/Incorrect Range | _____ | (14) Printed Name/Title Not Given | _____ |
| (G) Recommendation Not Selected | _____ | 16/15 (15) Incorrect/Unauthorized Signature | ✓ |
| (H) Date Of Approval Not Given | _____ | Requires Duplicate Filing | _____ |
| (1) Well owner Info Incomplete | _____ | Please Refer to the Attached Letter | ✓* |
| (2) Action Requested (check one) | _____ | Requires \$10.00 Filing Fee | _____ |
| (3) Starting Date Not Given | ✓ | Requires Current Forms | _____ |
| (4) Casing To Be Used (answer all) | ✓ | *Other Reason(s) need 10ac 1/4, see other | _____ |
| (5) Design Capacity of Pump | _____ | Dulany letter | _____ |
| | | Initials JT | _____ |

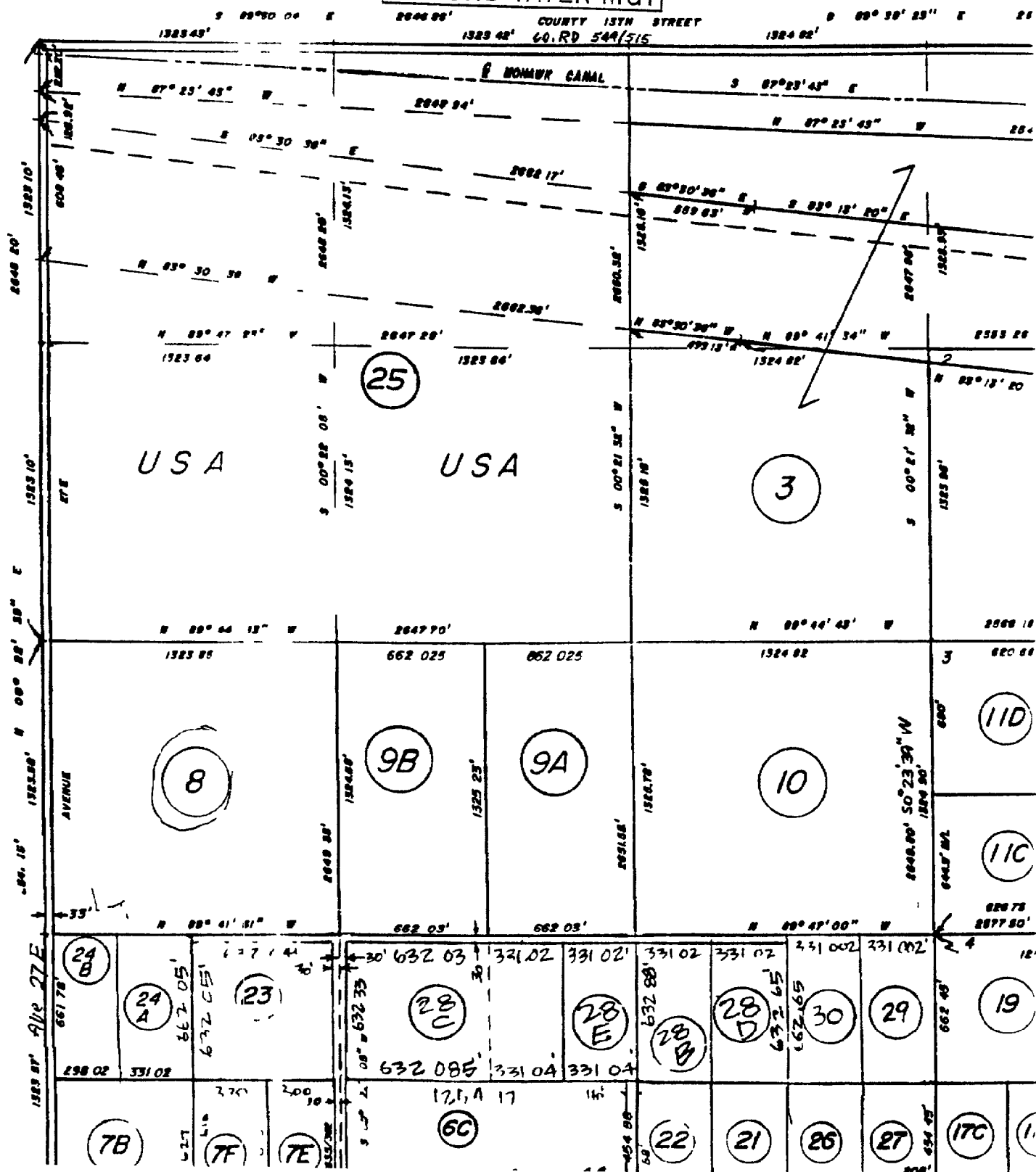
In accordance with A.R.S. § 45-596, Paragraph D, this application is being returned as a "statement of determination", requesting information necessary to make it correct and complete. If the necessary information is not received by the Department within sixty (60) days, the application may be denied. You would then have to re-initiate the NOI process to receive a drilling authority for this location. If you have any questions, please contact the Groundwater Management Support Section at (602) 417-2470.

ATTACH THIS CHECK LIST WHEN RESUBMITTING THE COMPLETED NOTICE OF INTENT AND RETURN TO BOX 458, PHOENIX, ARIZONA 85004-3003. YOU MAY ALSO CONTACT YOUR DRILLER OR COUNTY ASSESSORS OFFICE FOR ASSISTANCE PERTAINING TO THE NECESSARY INFORMATION THAT IS REQUIRED TO COMPLETE YOUR APPLICATION.



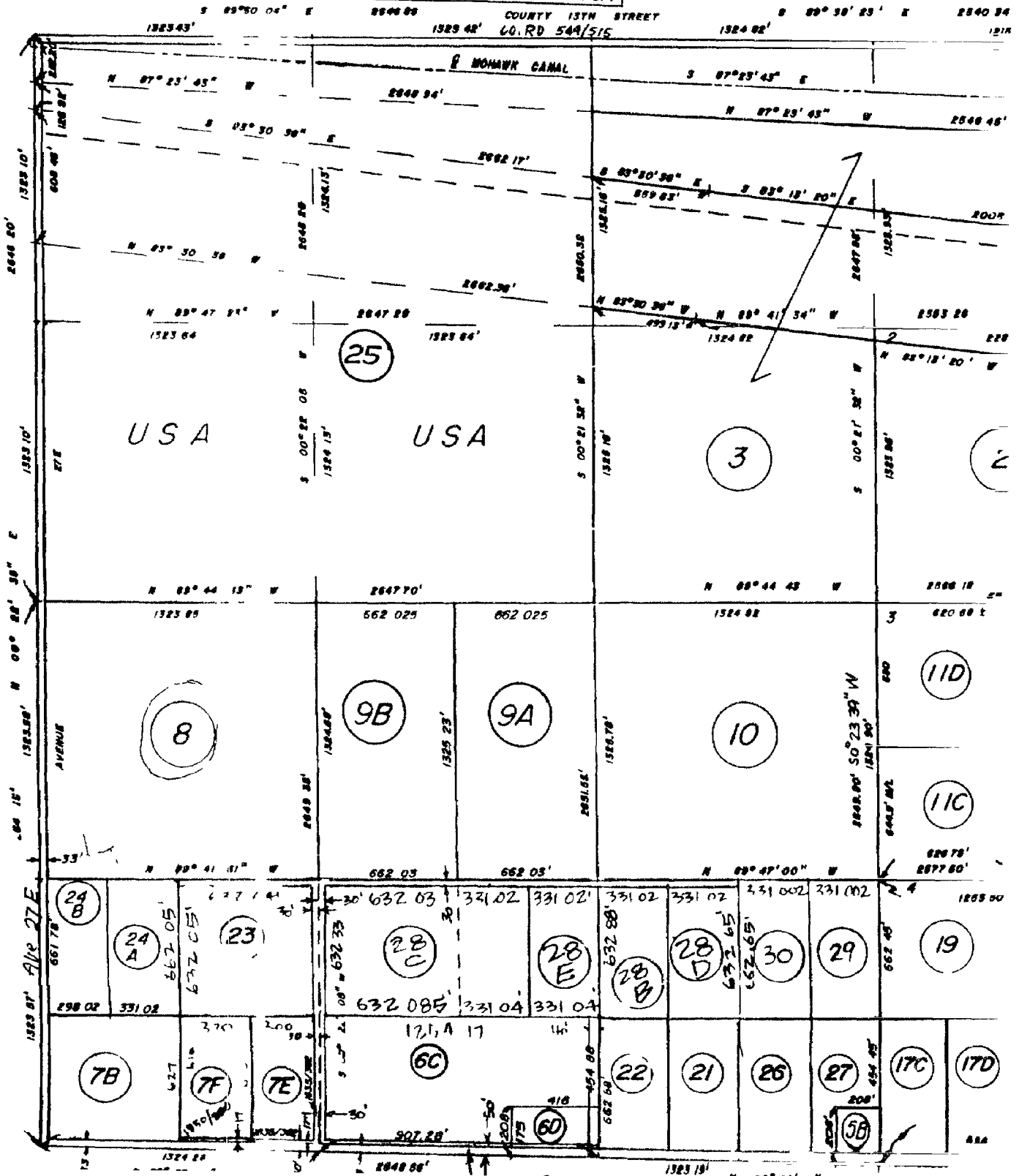
RECEIVED
84
GROUNDWATER MGT

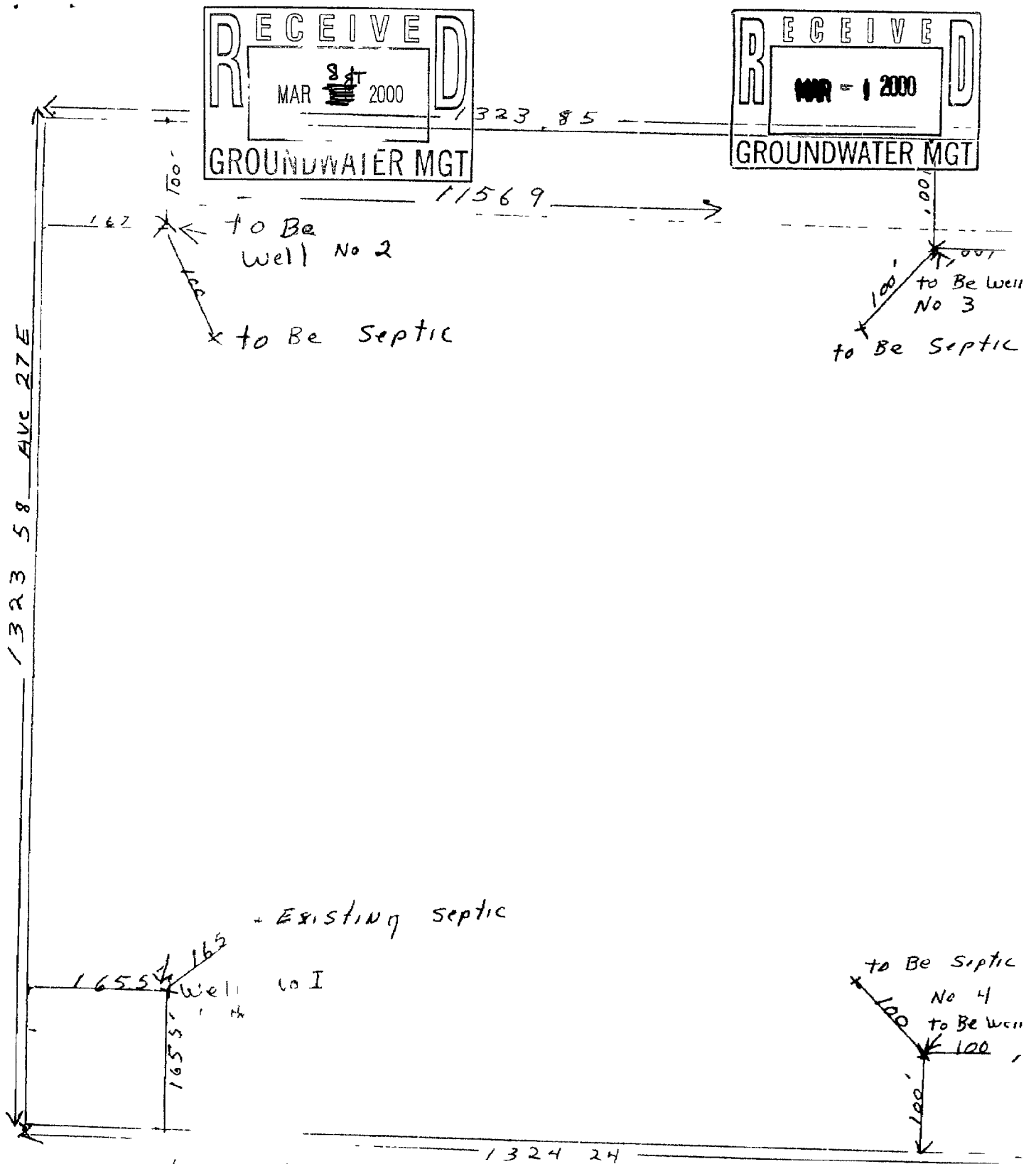
RECEIVED
MAR 1 2000
GROUNDWATER MG



RECEIVED
MAR 8 2000
GROUNDWATER MGT

RECEIVED
MAR 1 2000
GROUNDWATER MGT





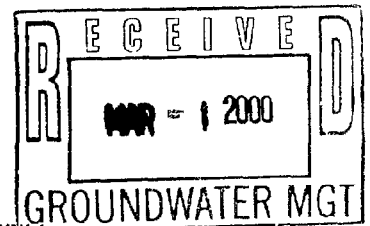
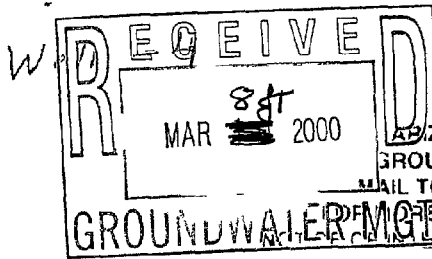
SCALE 1 = 1655

NW 1/4 SW 1/4 Sec 24 T 95 R 19 W

Parcel 14 204-008 2

Book 204 map 28





PLEASE COMPLETE ALL ITEMS IN THE BOX BELOW DOWN TO COUNTY OR LOCAL AUTHORITY ENDORSEMENT IF ANY WATER FROM THE PROPOSED WELL (AS IDENTIFIED BELOW) WILL BE USED FOR DOMESTIC PURPOSES ON A PARCEL OF LAND 20 OR FEWER ACRES. THE APPLICABLE COUNTY OR LOCAL HEALTH AUTHORITY MUST ENDORSE ALL ITEMS IN THE BOX BEFORE SUBMISSION TO THE DEPARTMENT OF WATER RESOURCES. ITEMS C, D, E AND F MAY BE AVAILABLE FROM YOUR COUNTY ASSESSOR'S OFFICE.

A. Don Case P.O. Box 1027 Wellton AZ 85356
LANDOWNER'S NAME CURRENT MAILING ADDRESS CITY STATE ZIP

B. TELEPHONE NO. 977 775 0011 COUNTY ASSESSOR'S PARCEL ID INFORMATION
C. WELL LOCATED IN YUM COUNTY D 204 28 14 204 28 E 40
BOOK MAP PARCEL # OF ACRES

OFFICIAL
SEAL OR
STAMP

WELL/LAND LOCATION (MUST BE COMPLETED AS REQUESTED)

F. 1/4 NW 1/4 SW 1/4 SECTION 24 TOWNSHIP 9 N/S RANGE 19 W
10AC 40AC 160AC COUNTY OF LOCAL AUTHORITY ENDORSEMENT

CHECK ONE

G. RECOMMEND APPROVAL INFORMATION TO MAKE DETERMINATION VARIANCE REQUIRED (EXPLANATION ATTACHED)

H. DATE AUTHORIZED SIGNATURE TITLE

OWNER OF WELL

Don Case
NAME
P.O. Box 1027
CURRENT MAILING ADDRESS
Wellton AZ 85356
CITY STATE ZIP

TELEPHONE NUMBER 977 775 0011

ACTION REQUESTED
DRILL NEW WELL ☒ DEEPEN ☐
MODIFY ☐ REPLACE ☐

WELL REGISTRATION NO. 55

FOR A REPLACEMENT WELL PROVIDE
MAX. CAPACITY OF THE ORIGINAL WELL
GALLONS PER MINUTE

DISTANCE FROM THE ORIGINAL WELL FEET

3. CONSTRUCTION WILL START ABOUT
MONTH YEAR

4. TYPE OF CASING FOR PROPOSED WELL
SURFACE CASING Not As per
DIAMETER DEPTH

DOWNHOLE CASING Not Known
DIAMETER DEPTH

5. DESIGN PUMP CAPACITY
20 GALLONS PER MINUTE

6. LESSEE OF LAND OF WELLSITE

NAME
CURRENT MAILING ADDRESS
CITY STATE ZIP

TELEPHONE

7. PRINCIPLE USE OF WATER (BE SPECIFIC)
Domestic

8. OTHER USES OF WATER (BE SPECIFIC)

9. IF USE INCLUDES IRRIGATION STATE TO
NEAREST TENTH THE NUMBER OF ACRES TO
BE IRRIGATED

* FOR DEPARTMENT USE ONLY
REGISTRATION NO. 55
DATE FILED
FILE NO.
AMA/INA
W/S 08 S/B 47
PROCESSED BY
DATE MAILED
MD

10. PLACE OF USE (LEGAL DESCRIPTION OF LAND)

1/4 NW 1/4 SW 1/4 SECTION 24
10AC 40AC 160AC
TOWNSHIP 9 N/S RANGE 19 W

11. TYPE OF WELL (CHECK ONE)
EXEMPT ☒ NON EXEMPT ☐

12. CHECK ONE
RESIDENTIAL ☒ COMMERCIAL ☐

13. IS THE PROPOSED WELLSITE WITHIN 100
FEET OF A SEPTIC TANK SYSTEM SEWER
DISPOSAL AREA LANDFILL HAZARDOUS
MATERIALS OR PETROLEUM STORAGE
AREAS AND TANKS?
YES ☐ NO ☒

14. DRILLING FIRM

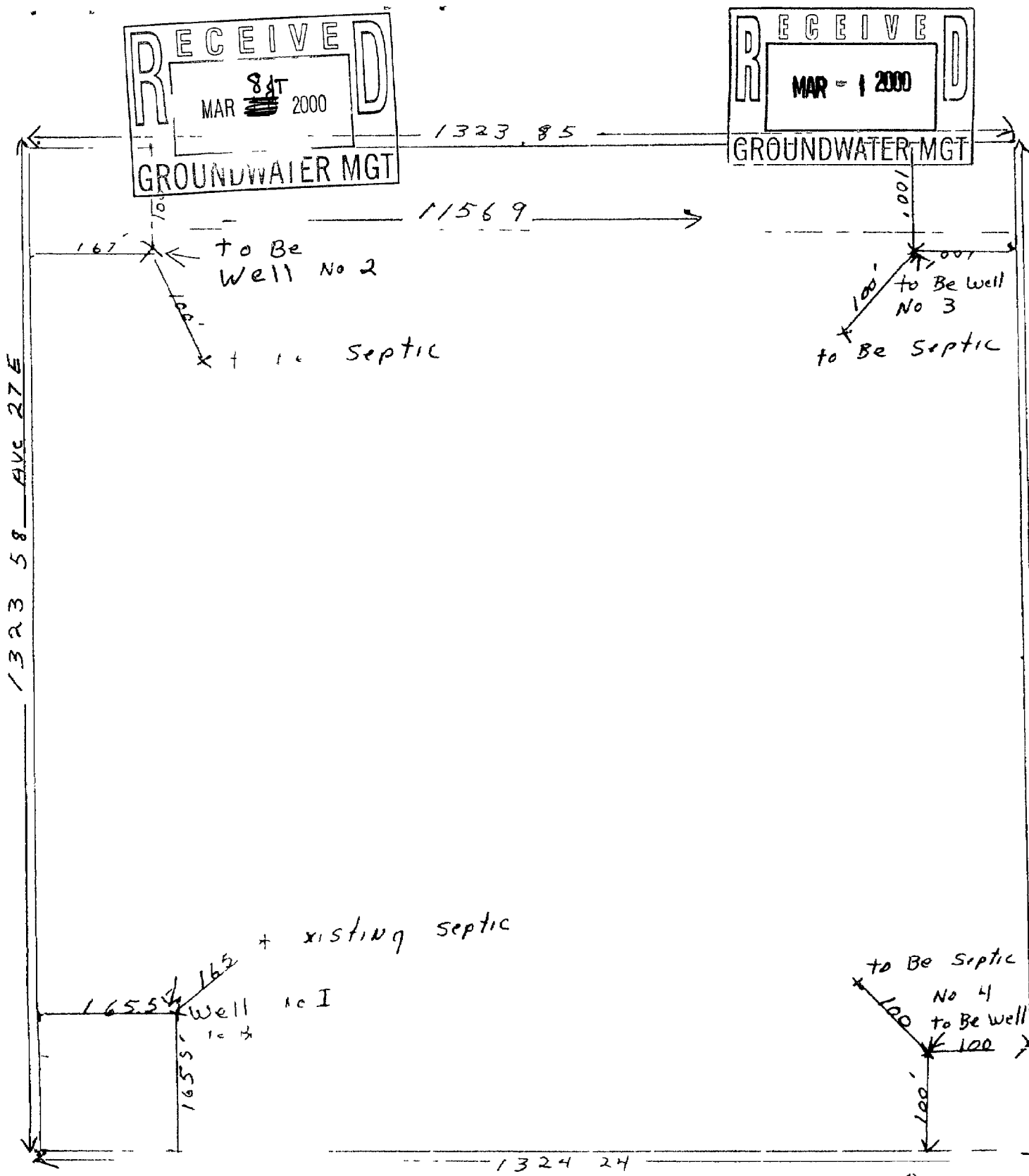
Not Known
NAME
MAILING ADDRESS
CITY STATE ZIP
TELEPHONE NO.
DWR LICENSE NUMBER
ROC LICENSE CATEGORY

I STATE THAT THIS NOTICE IS FILED IN COMPLIANCE WITH A.R.S. § 45-596 IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE LIMITATIONS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM.

DON CASE
15. TYPE OR PRINT NAME AND TITLE

Don Case
16. SIGNATURE OF LANDOWNER/LESSEE OF WELLSITE

John T. Higgins
17. DATE



SCALE 1' = 165.5

NW 1/4 SW 1/4 Sec 24 T 95 R 19 W

Parcel 14 204-008 2

Book 204 Map 28



ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street, Phoenix Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



March 6, 2000

DON CASE
PO BOX 1027
WELLTON, AZ 85356

**PLEASE RETURN
ALL PAPERS**

JANE DEE HULL
Governor

RITA P PEARSON
Director

Assigned Referenced Number 55-579905, 579906, 579907 & 579908

Dear Applicant

The Department of Water Resources recently received your Notice of Intent to **Drill, Deepen, Replace, or Modify A Well**. However, our review indicates that the filing(s) is incomplete under the Groundwater Management Act for the following reason(s)

- | | | | |
|-------------------------------------|-------|--|-------|
| (A) Landowner Info Incomplete | _____ | (6) Lessee Info Incomplete | _____ |
| (C) County not Given | _____ | (7) Primary Water Use Not Given | _____ |
| (D) Book, Map, Parcel Incorrect | _____ | (8) Other Water Uses Not Given | _____ |
| (E) Number of Acres Not Given | _____ | (9) Place of Use Incomplete (refer to "F") | ✓ |
| (F) Legal Description Incomplete | ✓ | (10) Type of Well (check one) | _____ |
| _____ Incomplete Quarter Sections | | (11) Select One (define "other") | _____ |
| _____ Incomplete/Incorrect Section | | (12) Select "Yes" or "No" | _____ |
| _____ Incomplete/Incorrect Township | | (13) Incomplete Driller Information | ✓ |
| _____ Incomplete/Incorrect Range | | (14) Printed Name/Title Not Given | _____ |
| (G) Recommendation Not Selected | _____ | (15) Incorrect/Unauthorized Signature | _____ |
| (H) Date Of Approval Not Given | _____ | Insufficient Funds (\$10.00 Fee) | _____ |
| (1) Well owner Info Incomplete | _____ | Please Refer to the Attached Letter | _____ |
| (2) Action Requested (check one) | _____ | | |
| (3) Starting Date Not Given | ✓ | | |
| (4) Casing To Be Used (answer all) | ✓ | | |
| (5) Design Capacity of Pump | _____ | | |

Other Reason(s) _____

Initials RD

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